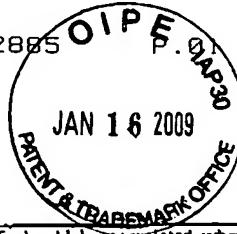


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**Total Pages:** 2 **P.O. Box 1450**  
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Kathleen Lyles

(Depositor's name)

January 16, 2009

(Signature)

(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
10/584,368	06/22/2006	William John Testin	PU030338	8004

## TITLE OF INVENTION: APPARATUS AND METHOD FOR CONTROLLING TEMPERATURE

APPLN. TYPE	SMALL ENTITY	ISSUE FEE DUE	PUBLICATION FEE DUE	PREV. PAID ISSUE FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO	\$1510	\$300	\$0	\$1810	02/05/2009

EXAMINER	ART UNIT	CLASS-SUBCLASS
MASIH, KAREN	2837	318-268000

## 1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).

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(2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.

1. Robert D. Shedd

2. Joseph J. Opalach

3. Reitseng Lin

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## (A) NAME OF ASSIGNEE

THOMSON LICENSING

Boulogne-Billancourt, FRANCE

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## 5. Change in Entity Status (from status indicated above)

a. Applicant claims SMALL ENTITY status. See 37 CFR 1.27.

b. Applicant is no longer claiming SMALL ENTITY status. See 37 CFR 1.27(e)(2).

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Authorized Signature: *Betty Lin*

Date: 1/16/09

Typed or printed name: Reitseng Lin

Registration No. 42,804

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Kathleen Lyles	(Depositor's name)
<i>Kathleen Lyles</i>	(Signature)
<i>January 16, 2009</i>	(Date)

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MASIH, KAREN	2837		318-268000			
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.	<i>Robert D. Shedd</i> <i>Joseph J. Opalach</i> <i>Reitseng Lin</i>				
<input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.	<input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.					

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Boulogne-Billancourt, FRANCE

Please check the appropriate assignee category or categories (will not be printed on the patent):  Individual  Corporation or other private group entity  Government

4a. The following fee(s) are submitted:

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Authorized Signature *Reitseng Lin*

Date 1/16/09

Typed or printed name Reitseng Lin

Registration No. 42,804

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